

FILLED NOV 11 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 823

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1707 College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 40 years years, months or days)

3. (a) PRINT FULL NAME Minnie Moss

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas H. Moss 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June 14, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 69 3 29 hr. min.

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business Housewife

12. Name Joseph Pitchford
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Belle Slaton
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas H. Moss

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 10-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Easton

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 10-15-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1707 College (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
year 1941 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 25, 1940
19. to Oct. 13, 1941
that I last saw him alive on Oct. 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach primary
Due to Indigestion

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. E. Handley MD (M. D. or other)
Address Springfield, Mo. Date signed 10-14-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Duration

7 mo.
10 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.